

**FILED** MAR 25 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2567**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3717 Aldine Ave. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL") **911**  
(d) Street No. **3717 Aldine Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Mary Cutler**

3. (b) If veteran, name war. **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **William Cutler** 6. (c) Age of husband or wife if alive..... years  
**22** **1849**  
7. Birth date of deceased. **March 22 1849**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**93** **11** **23** hr. min.

9. Birthplace. **St. Marys, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

MOTHER FATHER { 12. Name **Dont Know**  
13. Birthplace **Unknown** 9  
(State or foreign country)  
14. Maiden name **Dont Know**  
15. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Florence Dennis**  
(b) Address **Valley Park, Mo. R.R. # 1**

17. (a) **Burial** (b) Date thereof. **3-18-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. **New St. Peter & Paul**

18. (a) Signature of funeral director. **Cullinane Bros.**  
(b) Address **1710 N. Grand Bldg.**

19. (a) **MAR 17 1943** (b) **J. J. Brudick**  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **15**  
year **1943** hour **2** minute **30** P.M.

21. I hereby certify that I attended the deceased from **March 9<sup>th</sup>**  
1943, to **15 April 1943**, 1943,  
that I last saw him/her alive on **March 14**, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Chronic Nephritis** Duration **1 year**

Due to.....  
**Uremic Condition**

Due to.....  
**131**

Other conditions (include pregnancy within 3 months of death).....

Major findings:  
Of operations.....  
Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **J. J. Brudick** (M. D. or other) **0**  
Address **1316 N. Grand** Date signed **3-16-43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Fred Frick*

Licensed Embalmer No. 1-3186

P.O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.